



**P R O V I D E R   B U L L E T I N**

BT200006

JANUARY 20, 2000

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**To: All Indiana Health Coverage Programs Providers**

**Subject: Package C Claim Submission and Coverage Information**

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## **Overview**

The purpose of this bulletin is to provide information in regard to claim submission guidelines and coverage information associated with the implementation of the Hoosier Healthwise Package C– Children’s Health Plan. The topics addressed in this bulletin include:

- Important Eligibility Verification Upgrade Information
- Hoosier Healthwise Package C Training Reminder
- Vaccines for Children (VFC) Update
- Claim Submission Information
- Updated Coverage and Limitation Benefit Chart and Benefit Level Clarifications

As a reminder, effective January 2000 the state of Indiana began implementing one of the most significant health care programs since the introduction of the Indiana Medical Assistance Programs in 1965, the Hoosier Healthwise Package C– Children’s Health Plan. The state of Indiana and the Office of the Children’s Health Insurance Program (CHIP Office) remain dedicated to ensuring a smooth transition and minimizing the effect of any changes related to the implementation of this program to the provider community.

This bulletin is the fourth in a series and its main focus is to ensure all parties are educated on the new structure of the Indiana Health Coverage Programs (IHCP) and Hoosier Healthwise Package C, since enrollment in Package C began January 1, 2000.

## Eligibility Verification Upgrade Information

Providers were notified in bulletin *BT199942, Package C Eligibility Verification System Upgrade*, dated December 3, 1999, of changes to the Eligibility Verification System (EVS) that include the Automated Voice Response (AVR), OMNI, and National Electronic Claims Submission (NECS).

Specifically, providers are reminded that to activate the eligibility changes on the OMNI terminal, it is necessary to download the terminal **on or after January 10, 2000**.

Additionally, all NECS users should have received version 3.00 of the NECS software. This software must be installed to receive the new eligibility indicators associated with the implementation of Package C. If you have not received version 3.00 of NECS, please contact the Electronic Claims Help Desk at (317) 488-5160.

In bulletin *BT200008, Upgrade to OMNI Eligibility System and Necessary OMNI Terminal Downloads*, dated January 5, 2000, providers were notified of implementation dates associated with the OMNI terminal download. Specifically, this bulletin stated that all previous versions of the OMNI software will not be allowed beginning February 1, 2000.

*Note: EDS has extended the grace period to March 1, 2000, for using all previous versions. However, effective March 1, 2000, providers who have not downloaded OMNI terminals or installed version 3.00 of NECS will not be able to access the eligibility system.*

## Hoosier Healthwise Package C Training Reminder

Providers were notified in bulletin *BT199929, Hoosier Healthwise Package C Training Schedule*, dated November 24, 1999, of a series of IHCP training sessions developed by EDS, the CHIP Office, and the Office of Medicaid Policy and Planning (OMPP). The Hoosier Healthwise Package C training schedule began December 16, 1999, and will continue through March 21, 2000. These training sessions cover pertinent information in regard to the restructuring of the IHCP and the implementation of the Hoosier Healthwise Package C—Children's Health Plan.

Providers are strongly encouraged to take advantage of one of the 70 training opportunities offered statewide. A registration form and complete schedule of workshop dates were included with bulletin *BT199929* and are also available on the IHCP Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com).

## Vaccines for Children Update

The purpose of this section is to inform all Indiana Health Coverage Programs providers of changes to the Vaccines for Children (VFC) Program. Detailed information regarding these changes were forwarded to providers in Indiana Health Coverage Programs banner page article dated January 11, 2000, and bulletin, *BT200007* dated January 12, 2000.

The changes to the VFC Program include the following:

- The VFC Program will be transferred from the Indiana State Medical Association (ISMA) to the Indiana State Department of Health (ISDH) effective January 1, 2000. All vaccine ordering, distribution, and accountability processes will remain unchanged, however, they will be administered through the ISDH.
- Vaccinations for Hoosier Healthwise Package C members have been added to the VFC delivery system.
- The Vaccine Order Form, Patient Eligibility Screening Record, and Vaccine Accountability Tally Sheet have been revised to incorporate vaccines administered to children enrolled in Hoosier Healthwise Package C, and includes a column to indicate the number of vaccines given to children enrolled in Hoosier Healthwise Package C.
- The new address, phone numbers, and fax number for the VFC program are as follows:

Indiana Immunization Program  
Indiana State Department of Health  
2 North Meridian Street  
Indianapolis, Indiana 46204  
Phone: (317) 233-7704 or 1-800-701-0704  
Fax: (317) 233-3719

Again, providers are reminded that bulletin *BT200007* provides further information on these changes and VFC vaccine storage, reports and forms, claim submission, and third party liability.

## Claim Submission Information

Billing policies and procedures are not significantly impacted by the restructuring of the IHCP and the implementation of the Hoosier Healthwise Package C– Children’s Health Plan. For the most part it remains business as usual. The following information outlines deviations from standard policies and procedures. With the exception of the areas addressed below, providers should continue to apply billing procedures and coverage information as defined in the *IHCP Provider Manual*.

### Prescription drugs

For Hoosier Healthwise Package C members, pharmacists may substitute the generic equivalent of a brand name drug only when the prescribing physician has indicated on the written or orally communicated prescription that the generic equivalent may be substituted. If the prescribing physician has indicated that the medication should be dispensed as written, the pharmacist must dispense the drug prescribed.

### Copayments

Package C members’ families will be required to make copayments for some services. Providers will be responsible for collecting copayments and the copayment amount will be deducted from the claim. Table 1.1 describes the copayments required and the corresponding copayment amount.

*Note: Insulin does require a member copayment according to Table 1.1.*

Table 1.1 – Description of Copayments

Service	Copayment
Prescription drugs-generic, compound and sole-source	\$3
Prescription drugs-brand name	\$10
Ambulance transportation	\$10
Emergency room visit that does not result in hospitalization	\$20

## Transportation Services

Ambulance services are the only transportation services covered for Hoosier Healthwise Package C members. Table 1.2 has been developed to assist providers in the determination of which services are covered and which services are subject to member copayment. The table represents commonly billed codes to the IHCP. This table does not represent all billable or covered codes. Providers should refer to the *IHCP Provider Manual, Chapter 8*, for additional information regarding covered and billable transportation services.

Please note that member copayments will be systematically deducted from the ambulance base rate only. Providers must not include member copay amounts on the claim form. Further, providers should continue to follow normal transportation claim guidelines when submitting claims to the IHCP for processing.

Table 1.2 – Transportation Covered Services and Copayments

Procedure	Description	Copayment
A0010	Ambulance service, basic life support (BLS)	Yes
A0020	Ambulance service, BLS per mile, transport, one way	No
A0070	Ambulance service, oxygen, administration and supplies, life sustaining situation	No
A0220	Ambulance service, advanced life support (ALS) base rate, all inclusive services, emergency transportation, one way	Yes
A0221	Ambulance service, ALS per mile, transportation one way	No
A0060	Ambulance service, waiting time, one half hour increments	No
A0150	Nonemergency transportation, ambulance, base rate one way	Yes
A0222	Ambulance service, return trip, transport	Yes

## Emergency Room Visits Resulting in a Hospitalization

There is a member copayment of \$20 for emergency room visits that do not result in a hospital inpatient admission. However, if the emergency room visit results in an admission, the copayment requirement does not apply. The emergency room copayment will only be required for the hospital component of emergency room care. The facility where the services are rendered must indicate the admission by entering an occurrence code of 40 in locator 32 of the UB-92 claim form. Additionally, the admission date must be reflected in locator 32 adjacent to the occurrence code 40. Entering this information allows the claim to systematically bypass the emergency room copayment requirement.

### Claim Submission Guidelines

Providers must keep the following in mind when submitting claims for services rendered to Hoosier Healthwise Package C members:

- Claims for services rendered to members must be submitted through the normal claim processing post office boxes listed in the *IHCP Provider Manual, Chapter 1*.
- Providers should use the same avenues for claim and program coverage inquiries as indicated in the *IHCP Provider Manual, Chapter 1*.
- Claims processed for Hoosier Healthwise Package C members will be processed and reflected on the same weekly remittance advice statement as with the Traditional Medicaid program.

### Explanation of Benefit Codes

Table 1.3 represents explanation of benefit (EOB) codes associated with denied claims for noncovered services rendered to members enrolled in Hoosier Healthwise Package C. These EOB codes became effective January 1, 2000. Additional EOB codes associated with Hoosier Healthwise Package C will be introduced in the second quarter of 2000.

Table 1.3 – Explanation of Benefit Codes

Edit Codes for Package C	
Code	Description
2033	Package C member not eligible for claim type.
4062	Organ transplants are noncovered for Package C. Please verify and resubmit.
4082	Bed reservations rendered in an institution for mental health diseases are a noncovered service for Package C.
4083	Inpatient care rendered in an institution for mental health diseases are noncovered for Package C.
4126	Over-the-counter and nonlegend drugs are noncovered for Package C.

### Updated Coverage and Limitation Table and Benefit Level Clarifications

The IHCP issued bulletin *BT199928*, dated October 29, 1999, contained an overview of Hoosier Healthwise Package C. As a result of further review, the following are clarifications to items published in bulletin *BT199928*.

- On page 4, under the heading of Qualified Medicare Beneficiaries, the first paragraph, second sentence should read, “Noncovered **Medicare** services are not reimbursable by Medicaid.”
- On page 8, the fourth paragraph, last sentence should read, “If the provider fails to contact the MCO, and obtain the appropriate referral and prior authorizations prior to rendering the service, the provider risks the denial of payment.”
- On page 12, under the heading Hoosier Healthwise Package B–Pregnancy Coverage Only, the definition should be added, “Act of 1986 defines an *Emergency Medical condition as a medical condition of sufficient severity (including severe pain) that the absence of medical attention could result in placing the members health in serious jeopardy, serious impairment of bodily functions, or serious dysfunction of any organ or part.*”
- On page 14, Table 1.6 – Description of Copayments, under the service of emergency room visit that does not result in an hospitalization, please note the \$20 copay only applies to the facility where the services were rendered. Physician professional services and ancillary services, such as laboratory and radiology, do not require a member copay.
- On page 18, under the heading Billing Considerations, please add the following paragraph:
  - Providers who are currently participating as IHCP providers and newly enrolled providers will be automatically authorized to provide services to Hoosier Healthwise Package C members. According to State law, providers cannot choose to provide services only to non-Package C members or only to Package C members.

The remainder of clarifications to bulletin *BT199928* are highlighted in *Appendix A: Hoosier Healthwise Benefit Package Comparison*. Providers should disregard the Benefit Package Comparison Table originally published in bulletin *BT199928*, as the OMPP and the CHIP Office have provided additional clarifications. Appendix A is a conclusive and updated chart. When using the comparison table the following should be considered:

- Updates since the original publication on October 29, 1999, are in italics.

## **Additional Information**

If you have any questions regarding the information in this bulletin, please call EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.



## Appendix A: Hoosier Healthwise Benefit Package Comparison

Service	Package A - Standard Plan	Package B - Pregnancy Coverage Only	Package C - Children's Health Plan	Package D - Hoosier Healthwise for Persons With Disabilities and Chronic Illnesses	Package E - Emergency Services Only
<b>Inpatient Hospital Services*</b>	Inpatient services are covered when such services are provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the member's condition. See Covered Services and Limitations Rule 405 IAC 5.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Inpatient services are covered when such services are provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the member's condition. See Covered Services and Limitations Rule 405 IAC 5.	Inpatient services are covered when such services are provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the member's condition. See Covered Services and Limitations Rule 405 IAC 5.	Emergency services are covered when such services are provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the member's acute condition. This includes labor and delivery up to the time the mother is stable. See Covered Services and Limitations Rule 405 IAC 5.
<b>Outpatient Hospital Services*</b>	Outpatient services are covered when such services are provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the member's condition. See Covered Services and Limitations Rule 405 IAC 5.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Outpatient services are covered when such services are provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the member's condition. See Covered Services and Limitations Rule 405 IAC 5.	Outpatient services are covered when such services are provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the member's condition. See Covered Services and Limitations Rule 405 IAC 5.	Emergency services are covered when such services are provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the member's acute condition. This includes labor and delivery up to the time the mother is stable. See Covered Services and Limitations Rule 405 IAC 5.

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Service	Package A - Standard Plan	Package B - Pregnancy Coverage Only	Package C - Children's Health Plan	Package D - Hoosier Healthwise for Persons With Disabilities and Chronic Illnesses	Package E - Emergency Services Only
<b>Rural Health Clinics</b>	Reimbursement is available for services provided by a physician, nurse practitioner, or appropriately licensed, certified, or registered therapist employed by the rural health clinic.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Reimbursement is available for services provided by a physician, nurse practitioner, or appropriately licensed, certified, or registered therapist employed by the rural health clinic.	Reimbursement is available for services provided by a physician, nurse practitioner, or appropriately licensed, certified, or registered therapist employed by the rural health clinic.	Noncovered services
<b>Federally Qualified Health Centers (FQHCs)</b>	Reimbursement is available for medically necessary services provided by licensed health care practitioners.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Reimbursement is available for medically necessary services provided by licensed health care practitioners.	Reimbursement is available for medically necessary services provided by licensed health care practitioners.	Noncovered services
<b>Laboratory and Radiology Services</b>	Must be ordered by a physician.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), and conditions which may complicate the pregnancy or urgent care services.	Must be ordered by a physician.	Must be ordered by a physician.	Noncovered services

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Service	Package A - Standard Plan	Package B - Pregnancy Coverage Only	Package C - Children's Health Plan	Package D - Hoosier Healthwise for Persons With Disabilities and Chronic Illnesses	Package E - Emergency Services Only
<b>Nurse Practitioners</b>	Reimbursement is available for medically necessary services or preventative health care services provided by a licensed, certified nurse practitioner within the scope of the applicable license and certification.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Reimbursement is available for medically necessary services or preventative health care services provided by a licensed, certified nurse practitioner within the scope of the applicable license and certification.	Reimbursement is available for medically necessary services or preventative health care services provided by a licensed, certified nurse practitioner within the scope of the applicable license and certification.	Noncovered services
<b>Nursing Facility Services**</b>	Coverage includes room and board; nursing care; medical supplies; durable medical equipment; and transportation. See Covered Services and Limitations Rule 405 IAC 5.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services and conditions which may complicate the pregnancy or urgent care services.	Noncovered services	Coverage includes room and board; nursing care; medical supplies; durable medical equipment; and transportation. See Covered Services and Limitations Rule 405 IAC 5.	Noncovered services
<b>Early Intervention Services</b>	Covers comprehensive health and development history, comprehensive physical exam, appropriate immunizations, laboratory tests, health education, vision services, dental services, hearing services, and other necessary health care services in accordance with the HealthWatch EPSDT periodicity and screening schedule.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Covers immunizations, and initial and periodic screenings according to the HealthWatch EPSDT periodicity and screening schedule. Coverage of treatment services is subject to the Package C benefit package coverage limitations.	Covers comprehensive health and development history, comprehensive physical exam, appropriate immunizations, laboratory tests, health education, vision services, dental services, hearing services, and other necessary health care services in accordance with the HealthWatch EPSDT periodicity and screening schedule.	Noncovered services

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Service	Package A - Standard Plan	Package B - Pregnancy Coverage Only	Package C - Children's Health Plan	Package D - Hoosier Healthwise for Persons With Disabilities and Chronic Illnesses	Package E - Emergency Services Only
<b>Family planning services and supplies</b>	Provided with limitations. See Covered Services and Limitations Rule 405 IAC 5.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Provided with limitations. See Covered Services and Limitations Rule 405 IAC 5.	Provided with limitations. See Covered Services and Limitations Rule 405 IAC 5.	Noncovered services
<b>Physicians' surgical and medical services*</b>	Covers reasonable services provided by a M.D. or D.O. for diagnostic, preventive, therapeutic, rehabilitative or palliative services provided within scope of practice. PMP office visits limited to a maximum of 30 per year per member without prior authorization. See Covered Services and Limitations Rule 405 IAC 5.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Covers reasonable services provided by a M.D. or D.O. for diagnostic, preventive, therapeutic, rehabilitative or palliative services provided within scope of practice. PMP office visits limited to a maximum of 30 per year per member without prior authorization. See Covered Services and Limitations Rule 405 IAC 5.	Covers reasonable services provided by a M.D. or D.O. for diagnostic, preventive, therapeutic, rehabilitative or palliative services provided within scope of practice. PMP office visits limited to a maximum of 30 per year per member without prior authorization. See Covered Services and Limitations Rule 405 IAC 5.	<i>Emergency services are covered when such services are provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the member's acute condition. This includes labor and delivery up to the time the mother is stable. See Covered Services and Limitations Rule 405 IAC 5.</i>

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Service	Package A - Standard Plan	Package B - Pregnancy Coverage Only	Package C - Children's Health Plan	Package D - Hoosier Healthwise for Persons With Disabilities and Chronic Illnesses	Package E - Emergency Services Only
<b>Nurse-midwife services</b>	Reimbursement is available for services rendered by a certified nurse-midwife when referred by a PMP. Coverage of certified nurse-midwife services is restricted to services that the nurse-midwife is legally authorized to perform.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Reimbursement is available for services rendered by a certified nurse-midwife when referred by a PMP. Coverage of certified nurse-midwife services is restricted to services that the nurse-midwife is legally authorized to perform.	Reimbursement is available for services rendered by a certified nurse-midwife when referred by a PMP. Coverage of certified nurse-midwife services is restricted to services that the nurse-midwife is legally authorized to perform.	Noncovered services
<b>Podiatrists</b>	Surgical procedures involving the foot, laboratory or x-ray services, and hospital stays are covered when medically necessary. No more than six routine foot care visits per year are covered.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Surgical procedures involving the foot, laboratory or x-ray services, and hospital stays are covered when medically necessary. Routine foot care services and office visits are not covered.	Surgical procedures involving the foot, laboratory or x-ray services, and hospital stays are covered when medically necessary. No more than six routine foot care visits per year are covered.	<i>Emergency services are covered when such services are provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the member's acute condition. This includes labor and delivery up to the time the mother is stable. See Covered Services and Limitations Rule 405 IAC 5.</i>

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Service	Package A - Standard Plan	Package B - Pregnancy Coverage Only	Package C - Children's Health Plan	Package D - Hoosier Healthwise for Persons With Disabilities and Chronic Illnesses	Package E - Emergency Services Only
<b>Vision Services</b>	Reimbursement for the initial vision care examination will be limited to one examination per year for a member under 19 years of age unless more frequent care is medically necessary. Optical supplies are covered when prescribed by an ophthalmologist or optometrist.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services..	Reimbursement for the initial vision care examination will be limited to one examination per year for a member under 19 years of age unless more frequent care is medically necessary. Optical supplies are covered when prescribed by an ophthalmologist or optometrist.	Reimbursement for the initial vision care examination will be limited to one examination per year for a member under 19 years of age unless more frequent care is medically necessary. Optical supplies are covered when prescribed by an ophthalmologist or optometrist.	Noncovered services
<b>Eyeglasses</b>	Reimbursement for eyeglasses, including frames and lenses, will be limited to a maximum of one pair per year for members under 19 years of age except when a specified minimum prescription change makes additional coverage medically necessary or the member's lenses and/or frames are lost, stolen, or broken beyond repair. See Covered Services and Limitations Rule 405 IAC 5.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Reimbursement for eyeglasses, including frames and lenses, will be limited to a maximum of one pair per year for members under 19 years of age except when a specified minimum prescription change makes additional coverage medically necessary or the member's lenses and/or frames are lost, stolen, or broken beyond repair. See Covered Services and Limitations Rule 405 IAC 5.	Reimbursement for eyeglasses, including frames and lenses, will be limited to a maximum of one pair per year for members under 19 years of age except when a specified minimum prescription change makes additional coverage medically necessary or the member's lenses and/or frames are lost, stolen, or broken beyond repair. See Covered Services and Limitations Rule 405 IAC 5.	Noncovered services

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Service	Package A - Standard Plan	Package B - Pregnancy Coverage Only	Package C - Children's Health Plan	Package D - Hoosier Healthwise for Persons With Disabilities and Chronic Illnesses	Package E - Emergency Services Only
<b>Chiropractors*</b>	Reimbursement is available for covered services provided by a licensed chiropractor when rendered within the scope of the practice of chiropractic. Limited to five visits and 50 therapeutic physical medicine treatments per member per year.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Reimbursement is available for covered services provided by a licensed chiropractor when rendered within the scope of the practice of chiropractic. Limited to five visits and 14 therapeutic physical medicine treatments per member per year. An additional 36 treatments may be covered if prior approval is obtained based on medical necessity. There is a 50 treatment limit per calendar year.	Reimbursement is available for covered services provided by a licensed chiropractor when rendered within the scope of the practice of chiropractic. Limited to five visits and 50 therapeutic physical medicine treatments per member per year.	<i>Emergency services are covered when such services are provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the member's acute condition. This includes labor and delivery up to the time the mother is stable. See Covered Services and Limitations Rule 405 IAC 5.</i>
<b>Home Health Services**</b>	Reimbursement is available to home health agencies for medically necessary skilled nursing services provided by a registered nurse or licensed practical nurse; home health aide services; physical, occupational, and respiratory therapy services; speech pathology services; and renal dialysis for home-bound individuals. See Covered Services and Limitations Rule 405 IAC 5.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Reimbursement is available to home health agencies for medically necessary skilled nursing services provided by a registered nurse or licensed practical nurse; home health aide services; physical, occupational, and respiratory therapy services; speech pathology services; and renal dialysis for home-bound individuals. See Covered Services and Limitations Rule 405 IAC 5.	Reimbursement is available to home health agencies for medically necessary skilled nursing services provided by a registered nurse or licensed practical nurse; home health aide services; physical, occupational, and respiratory therapy services; speech pathology services; and renal dialysis for home-bound individuals. See Covered Services and Limitations Rule 405 IAC 5.	Noncovered services

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Service	Package A - Standard Plan	Package B - Pregnancy Coverage Only	Package C - Children's Health Plan	Package D - Hoosier Healthwise for Persons With Disabilities and Chronic Illnesses	Package E - Emergency Services Only
<b>Medical supplies and equipment (includes prosthetic devices, implants, hearing aids, dentures, etc.)**</b>	Reimbursement is available for medical supplies, equipment, and appliances suitable for use in the home when medically necessary. See Covered Services and Limitations Rule 405 IAC 5.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Covered when medically necessary. Maximum benefit of \$2,000 per year or \$5,000 per lifetime for durable medical equipment. Equipment may be purchased or leased depending on which is more cost-efficient.	Reimbursement is available for medical supplies, equipment, and appliances suitable for use in the home when medically necessary. See Covered Services and Limitations Rule 405 IAC 5.	<i>Emergency services are covered when such services are provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the member's acute condition. This includes labor and delivery up to the time the mother is stable. See Covered Services and Limitations Rule 405 IAC 5.</i>
<b>Dental Services</b>	In accordance with Federal law, all medically necessary dental services are provided for children under age 21 even if the service is not otherwise covered under Package A. See Covered Services and Limitations Rule 405 IAC 5.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	All medically necessary dental services are provided for children enrolled in Package C even if the service is not otherwise covered under CHIP. See Covered Services and Limitations Rule 405 IAC 5.	In accordance with Federal law, all medically necessary dental services are provided for children under age 21 even if the service is not otherwise covered under Package A. See Covered Services and Limitations Rule 405 IAC 5.	<i>Only emergency services billed with dental code D0130 are covered for members in this benefit package.</i>

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Service	Package A - Standard Plan	Package B - Pregnancy Coverage Only	Package C - Children's Health Plan	Package D - Hoosier Healthwise for Persons With Disabilities and Chronic Illnesses	Package E - Emergency Services Only
<b>Physical Therapy**</b>	Must be ordered by a M.D. or D.O. and provided by qualified therapist or assistant. Prior authorization is not required for initial evaluations, or for services provided within 30 days following discharge from a hospital when ordered by a physician prior to discharge. See Covered Services and Limitations Rule 405 IAC 5.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Must be ordered by M.D. or D.O. and provided by qualified therapist or assistant. Maximum of 50 visits per year, per type of therapy.	Must be ordered by M.D. or D.O. and provided by qualified therapist or assistant. Prior authorization not required for initial evaluations, or for services provided within 30 days following discharge from hospital when ordered by physician prior to discharge. See Covered Services and Limitations Rule 405 IAC 5.	Noncovered services
<b>Speech, Hearing and Language Disorders*</b>	Must be ordered by a M.D. or D.O. and provided by qualified therapist or assistant. Prior authorization is not required for initial evaluations, or for services provided within 30 days following discharge from a hospital when ordered by physician prior to discharge. See Covered Services and Limitations Rule 405 IAC 5.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Must be ordered by a M.D. or D.O. and provided by qualified therapist or assistant. Maximum of 50 visits per rolling year, per type of therapy.	Must be ordered by a M.D. or D.O. and provided by qualified therapist or assistant. Prior authorization is not required for initial evaluations, or for services provided within 30 days following discharge from a hospital when ordered by physician prior to discharge. See Covered Services and Limitations Rule 405 IAC 5.	Noncovered services

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Service	Package A - Standard Plan	Package B - Pregnancy Coverage Only	Package C - Children's Health Plan	Package D - Hoosier Healthwise for Persons With Disabilities and Chronic Illnesses	Package E - Emergency Services Only
<b>Occupational Therapy**</b>	Must be ordered by a M.D. or D.O. and provided by qualified therapist or assistant. Prior authorization is not required for initial evaluations, or for services provided within 30 days following discharge from a hospital when ordered by physician prior to discharge. See Covered Services and Limitations Rule 405 IAC 5.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Must be ordered by a M.D. or D.O. and provided by qualified therapist or assistant. Maximum of 50 visits per rolling year, per type of therapy.	Must be ordered by a M.D. or D.O. and provided by qualified therapist or assistant. Prior authorization is not required for initial evaluations, or for services provided within 30 days following discharge from a hospital when ordered by physician prior to discharge. Services are not to exceed 30 hours/visits/sessions per 30 days. See Covered Services and Limitations Rule 405 IAC 5.	Noncovered services
<b>Respiratory Therapy*</b>	Must be ordered by a M.D. or D.O. and provided by qualified therapist or assistant. Prior authorization is not required for inpatient or outpatient hospital, emergency, oxygen in a nursing facility, 30 days following discharge from hospital when ordered by physician prior to discharge.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Must be ordered by a M.D. or D.O. and provided by qualified therapist or assistant. Maximum of 50 visits per rolling year, per type of therapy.	Must be ordered by a M.D. or D.O. and provided by qualified therapist or assistant. Prior authorization is not required for inpatient or outpatient hospital, emergency, oxygen in a nursing facility, 30 days following discharge from hospital when ordered by physician prior to discharge.	Noncovered services

(Continued)

Service	Package A - Standard Plan	Package B - Pregnancy Coverage Only	Package C - Children's Health Plan	Package D - Hoosier Healthwise for Persons With Disabilities and Chronic Illnesses	Package E - Emergency Services Only
<b>Prescribed (Legend) Drugs</b>	See Covered Services and Limitations Rule 405 IAC 5.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	See Covered Services and Limitations Rule 405 IAC 5.	See Covered Services and Limitations Rule 405 IAC 5.	<i>Emergency services are covered when such services are provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the member's acute condition. This includes labor and delivery up to the time the mother is stable. See Covered Services and Limitations Rule 405 IAC 5.</i>
<b>Over-the-counter (Non-legend) Drugs</b>	See Covered Services and Limitations Rule 405 IAC 5.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Not covered except for insulin.	See Covered Services and Limitations Rule 405 IAC 5.	<i>Emergency services are covered when such services are provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the member's acute condition. This includes labor and delivery up to the time the mother is stable. See Covered Services and Limitations Rule 405 IAC 5.</i>

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Service	Package A - Standard Plan	Package B - Pregnancy Coverage Only	Package C - Children's Health Plan	Package D - Hoosier Healthwise for Persons With Disabilities and Chronic Illnesses	Package E - Emergency Services Only
<b>Inpatient Rehabilitative Services**</b>	See Covered Services and Limitations Rule 405 IAC 5.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Covered up to 50 days per calendar year.	See Covered Services and Limitations Rule 405 IAC 5.	<i>Emergency services are covered when such services are provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the member's acute condition. This includes labor and delivery up to the time the mother is stable. See Covered Services and Limitations Rule 405 IAC 5.</i>
<b>Intermediate Care Facilities for the Mentally Retarded**</b>	Preadmission diagnosis and evaluation required. Includes room and board; mental health services; dental services; therapy and habilitation services; durable medical equipment; medical supplies; pharmaceutical products; transportation; optometric services.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	<i>Noncovered services</i>	Preadmission diagnosis and evaluation required. Includes room and board; mental health services; dental services; therapy and habilitation services; durable medical equipment; medical supplies; pharmaceutical products; transportation; optometric services.	Noncovered services
<b>Community Mental Health Rehabilitation</b>	Includes outpatient mental health services, partial hospitalization (group activity program) and case management. See Covered Services and Limitations Rule 405 IAC 5.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	<i>Noncovered services</i>	Includes outpatient mental health services, partial hospitalization (group activity program) and case management. See Covered Services and Limitations Rule 405 IAC 5.	Noncovered services

(Continued)

Service	Package A - Standard Plan	Package B - Pregnancy Coverage Only	Package C - Children's Health Plan	Package D - Hoosier Healthwise for Persons With Disabilities and Chronic Illnesses	Package E - Emergency Services Only
<b>Outpatient mental health/substance abuse services</b>	Includes mental health services provided by physicians, psychiatric wings of acute care hospitals, outpatient mental health facilities and psychologists endorsed as Health Services Providers in Psychology. Office visits limited to a maximum of four per month or 20 per year per member without prior approval. See Covered Services and Limitations Rule 405 IAC 5.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Covers outpatient mental health/substance abuse services when the services are medically necessary for the diagnosis or treatment of the member's condition except when provided in an institution for mental diseases with more than 16 beds. Office visits limited to a maximum of 30 per year per member without prior approval to a maximum of 50 visits per year.	Includes mental health services provided by physicians, psychiatric wings of acute care hospitals, outpatient mental health facilities and psychologists endorsed as Health Services Providers in Psychology. Office visits limited to a maximum of four per month or 20 per year per member without prior approval. See Covered Services and Limitations Rule 405 IAC 5.	Noncovered services
<b>Inpatient mental health/substance abuse services**</b>	Each member admitted must have an individually developed plan of care developed by the physician and interdisciplinary team. Plan of care must be reviewed and updated every 30 days by the interdisciplinary team. Recertification is required every 60 days.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Inpatient mental health/substance abuse services are covered when the services are medically necessary for the diagnosis or treatment of the member's condition except when they are provided in an institution for mental diseases with more than 16 beds.	Each member admitted must have an individually developed plan of care developed by the physician and interdisciplinary team. Plan of care must be reviewed and updated every 30 days by the interdisciplinary team. Recertification is required every 60 days.	Noncovered services

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Service	Package A - Standard Plan	Package B - Pregnancy Coverage Only	Package C - Children's Health Plan	Package D - Hoosier Healthwise for Persons With Disabilities and Chronic Illnesses	Package E - Emergency Services Only
<b>Hospice care**</b>	Must be expected to die from illness within six months. Coverage of two consecutive periods of 90 days followed by an unlimited number of periods of 60 days.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Must be expected to die from illness within six months. Coverage of two consecutive periods of 90 days followed by an unlimited number of periods of 60 days.	Must be expected to die from illness within six months. Coverage of two consecutive periods of 90 days followed by an unlimited number of periods of 60 days.	<i>Emergency services are covered when such services are provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the member's acute condition. This includes labor and delivery up to the time the mother is stable. See Covered Services and Limitations Rule 405 IAC 5.</i>
<b>Case Management for Persons with HIV**</b>	Targeted case management services limited to no more than 60 hours per quarter.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Noncovered service	Targeted case management services limited to no more than 60 hours per quarter.	Noncovered services
<b>Case Management for Pregnant Women**</b>	Limited to one initial assessment, one reassessment per trimester, and one postpartum assessment.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Noncovered service	Limited to one initial assessment, one reassessment per trimester, and one postpartum assessment.	Noncovered services

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Service	Package A - Standard Plan	Package B - Pregnancy Coverage Only	Package C - Children's Health Plan	Package D - Hoosier Healthwise for Persons With Disabilities and Chronic Illnesses	Package E - Emergency Services Only
<b>Case Management for Mentally Ill or Emotionally Disturbed</b>	Targeted case management services limited to those provided by or under supervision of qualified mental health professionals who are employees of a provider agency approved by the Department of Mental Health.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Noncovered service	Targeted case management services limited to those provided by or under supervision of qualified mental health professionals who are employees of a provider agency approved by the Department of Mental Health.	Noncovered service
<b>Non-emergency Transportation</b>	Non-emergency travel available for up to 20 one-way trips of less than 50 miles per year without prior authorization.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Ambulance services for non-emergencies between medical facilities are covered when requested by a participating physician.	Non-emergency travel available for up to 20 one-way trips of less than 50 miles per year without prior authorization.	Noncovered services
<b>Organ Transplants</b>	Covered in accordance with prevailing standards of medical care. Similarly situated individuals are treated alike.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Noncovered services	Covered in accordance with prevailing standards of medical care. Similarly situated individuals are treated alike.	<i>Emergency services are covered when such services are provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the member's acute condition. This includes labor and delivery up to the time the mother is stable. See Covered Services and Limitations Rule 405 IAC 5.</i>

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Service	Package A - Standard Plan	Package B - Pregnancy Coverage Only	Package C - Children's Health Plan	Package D - Hoosier Healthwise for Persons With Disabilities and Chronic Illnesses	Package E - Emergency Services Only
<b>Emergency Transportation*</b>	No limit or prior approval for emergency ambulance or trips to/from hospital for inpatient admission/discharge.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Covers emergency ambulance transportation using the prudent layperson standard as defined in state insurance law I.C. 27-13-1-11.7.	No limit or prior approval for emergency ambulance or trips to/from hospital for inpatient admission/discharge.	<i>Emergency services are covered when such services are provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the member's acute condition. This includes labor and delivery up to the time the mother is stable. See Covered Services and Limitations Rule 405 IAC 5.</i>
<b>Diabetes Self Management Training Services*</b>	Limited to 16 units per member per year. Additional units may be prior authorized.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Limited to 16 units per member per year. Additional units may be prior authorized.	Limited to 16 units per member per year. Additional units may be prior authorized.	Noncovered services
<b>Orthodontics</b>	Covered when medically necessary.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services. See Covered Services and Limitations Rule 405 IAC 5.	Covered when medically necessary.	Covered when medically necessary.	Noncovered services

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Service	Package A - Standard Plan	Package B - Pregnancy Coverage Only	Package C - Children's Health Plan	Package D - Hoosier Healthwise for Persons With Disabilities and Chronic Illnesses	Package E - Emergency Services Only
<b>Food Supplements, Nutritional Supplements, and Infant Formulas**</b>	Covered only when no other means of nutrition is feasible or reasonable. Not available in cases of routine or ordinary nutritional needs.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Covered only when no other means of nutrition is feasible or reasonable. Not available in cases of routine or ordinary nutritional needs.	Covered only when no other means of nutrition is feasible or reasonable. Not available in cases of routine or ordinary nutritional needs.	Noncovered services
<b>Out-of-state Medical Services**</b>	Covers acute general hospital care; physician services; dental services; pharmacy services; transportation services; therapy services; podiatry services; chiropractic services; durable medical equipment and supplies. Prior authorization is not required for emergency services provided out of state, but once the member is stable prior authorization must be obtained.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions which may complicate the pregnancy or urgent care services.	Covers acute general hospital care; physician services; dental services; pharmacy services; transportation services; therapy services; podiatry services; chiropractic services; durable medical equipment and supplies. Coverage is subject to any limitations included in the CHIP benefit package.	Covers acute general hospital care; physician services; dental services; pharmacy services; transportation services; therapy services; podiatry services; chiropractic services; durable medical equipment and supplies. Prior authorization is not required for emergency services provided out of state, but once the member is stable prior authorization must be obtained.	<i>Emergency services are covered when such services are provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the member's acute condition. This includes labor and delivery up to the time the mother is stable. See Covered Services and Limitations Rule 405 IAC 5. **</i>

\*\*Prior approval always required

\*Prior approval required under certain circumstances

*Italics* – Updates since the original publication on October 29, 1999.